PATENT APPLICATION FEE DETERMINATION RECOF								Application or Docket Number of 253 656					
	Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL	ENTITY	OR	OTHER SMALL		
TOTAL CLÁIMS			99				ſ	RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.0		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 79		I	X\$ 9:	711	OR	X\$18=		
IND	EPENDENT CL	AIMS	6 minus 3 =		• 3		ı	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							1	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTA		OR	TOTAL		
CLAIMS AS AMENDED - PART II (1-2.7-04								, , , ,	- 11108		OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 67	Minus	-8	8		l	X\$ 9=	3		X\$18=		
ME	Independent	. 8	Minus	(2			X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	+135		OR	+270=			
							1	TOT		1	TOTAL		
	·	(Column 1)		/Coh	mn 2)	(Column 3)	•	ADDIT. FI	EE L	JOH	ADDIT. FEE	<u> </u>	
		CLAIMS		HIG	EST		1 r	-	ADDI-	7		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE			RATE	TIONAL	
	Total	.64	Minus	-8	8	. —		X\$ 9-	-	OR	X\$18=		
A	Independent	NTATION OF M	Minus	PENDEN	X TCI AIM	•	П	X40=	•	OR	X80=		
_	THOTTICOL		۱,	+135	-	OR	+270=						
	2.70							TOT		OR	TOTAL		
	3-29-0 6 (Column 1) (Column 2) (Column 3)							ADDIT. F	CE NAME OF THE PERSON OF THE P		ADDIT. FEE		
6		CLAIMS REMAINING		HIG	HEST HBER		1 1		ADDI-	7		ADDI-	
AMENDMENT C		AFTER AMENDMENT		PREV	OUSLY	PRESENT		RATE		·	RATE	TIONAL FEE	
Ž	Total	· 67	Minus	••	38	• -	 [;	X\$ 9:		OR	X\$18=	·	
	Independent	· 8	Minus	•••	1	<u> </u>		X40=		OR	X80=	Î	
۴	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1.		1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135		OR	+270=	<u> </u>	
-	"If the Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." "If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."								AL CONTRACTOR	OR	ADDIT. FEE		
	The Tilghest Nu	meer Previously Pa	and For Cotal	ar Indepen	:USS UT Senti) is th	e in a, enter "3." A highest numb	er fou	and in the	appropriate h	ox in co	hann 1.		

Best Available Copy